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January 7, 2004

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JAN 7 4:12:00

TO: Examiner Konata M. George
COMPANY: USPTO**FAX NO.:** (703) 746-5201
PHONE NO.: (703) 308-4646**FROM:** Christopher Buchko**DIRECT DIAL NO.:** +1.415.393.9882**E-MAIL:** Cbuchko-sfr@ssd.com**RE:** US Patent Application SN 09/822,952
Response to Office Action**Message:**

Pursuant to your instructions of January 7, 2004, attached is a copy of the Response to Office Action filed on August 29, 2003. Please note the date of the return postcard and the Express Mail receipt.

Please call Christopher Buchko or Cameron Kerrigan (415.954.0323) with any questions.

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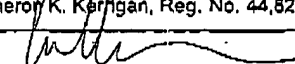
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/822,952	
	Filing Date	March 30, 2001	
	First Named Inventor	Charles David Claude	
	Group Art Unit	1616	
	Examiner Name	K. George	
Total Number of Pages in This Submission (excluding references)	10	Attorney Docket Number	50623,169

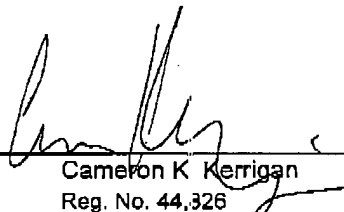
ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Deposit Account 07-1850 Authorization <input checked="" type="checkbox"/> Postage Paid Return Postcard <input checked="" type="checkbox"/> Response (7 pages) <input checked="" type="checkbox"/> Amendment Transmittal Letter (in duplicate) <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Petition for Extension of Time (1 month) (in duplicate) <input type="checkbox"/> Information Disclosure Statement (in duplicate) with Form PTO-1449 and References <input checked="" type="checkbox"/> Express Mail Label No. EV 337979266 US <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) In/Formal _____ Sheets with Submission of Drawings Transmittal <input type="checkbox"/> Issue Fee Transmittal with PTO-85b (in duplicate) <input type="checkbox"/> Request for Continued Examination Transmittal (RCE) <input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Squire, Sanders & Dempsey L.L.P. Cameron K. Kerrigan, Reg. No. 44,825
Signature	
Date	August 29, 2003

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as express mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:			
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AMENDMENT TRANSMITTAL LETTER (Large Entity)			Docket No. 50623.169		
Applicant(s):					
Serial No. 09/822,952	Filing Date March 30, 2001	Examiner K. George	Group Art Unit 1616		
Invention: Controlled Morphologies In Polymer Drug For Release Of Drugs From Polymer Films					
TO THE COMMISSIONER FOR PATENTS: Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as show below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	16	20	0	X \$18.00	\$00.00
INDEP. CLAIMS	2	3	0	X \$84.00	\$00.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$00.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$ 0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. 07-1850 in the amount of \$ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of any necessary fees associated with this communication or credit any overpayment to Deposit Account No. 07-1850 A duplicate copy of this sheet is enclosed. <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 C.F.R. 1.17.					
Dated: August 29, 2003 Squire, Sanders & Dempsey L.L.P. 1 Maritime Plaza, Suite 300 San Francisco, CA 94111 (415) 954-0200 cc: Docket			 Cameron K. Kerrigan Reg. No. 44,326		